835 Health Care Claim Payment/Advice

Companion Transaction Specifications

Version 1.0

Disclaimer

This Companion Document is intended to be a technical document describing the specific technical and procedural requirements for interfaces between DES and its trading partners. It does not supersede either health plan contracts or the specific procedure manuals for various operational processes. If there are conflicts between this document and either the provider contracts or operational procedure manuals, the contract or procedure manual will prevail.

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Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format RMAP
N/A	ST	ST01	Transaction Set Identifier Code	835	Health Care Claim Payment/Advice
N/A	ST	ST02	Transaction Set Control Number		This number is unique within a functional group of similar transactions. The value of this element is the same as that of the SE02 element at the end of the transaction.
N/A	BPR	BPR01	Transaction Handling Code	I	Remittance Information Only
N/A	BPR	BPR02	Total Actual Provider Amount		The Total Payment Amount on the 835 Transaction
N/A	BPR	BPR03	Credit or Debit Flag Code	C	Indicates a credit amount
N/A	BPR	BPR04	Payment Method Code	CHK	Indicates a check payment
N/A	BPR	BPR16	Check Issue or EFT Effective Date		Date that the check was issued in CCYYMMDD format.
N/A	TRN	TRN01	Trace Type Code	1	Current Transaction Trace Numbers
N/A	TRN	TRN02	Check or EFT Trace Number		If a payment (>0) was made the check number will be indicated. If no payment was made the internal system payment id will be referenced
N/A	TRN	TRN03	Originating Company Identifier		The AHCCCS Federal Tax ID Number preceded by the character “R”.
	REF	REF01	Reference Identification Qualifier	F2	Local
	REF	REF02	Version Identification Code	4.10	Indicates RMAP Claims Processing System Version
N/A	DTM	DTM01	Date Time Qualifier	405	Production Date
N/A	DTM	DTM02	Production Date		Financial information date in CCYYMMDD format.

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format RMAP
1000A	N1	N101	Entity Identifier Code	PR	Payer
1000A	N1	N102	Payer Name		RMAP
1000A	N3	N301	Payer Address Line		RMAP Street Address Line 1 “1789 W Jefferson”
1000A	N4	N401	Payer City Name		Phoenix
1000A	N4	N402	Payer State Code		AZ
1000A	N4	N403	Payer Postal Zone or ZIP Code		RMAP Zip Code “85005”
1000B	N1	N101	Entity Identifier Code	PE	Payee
1000B	N1	N103	Identification Code Qualifier	FI	Federal Taxpayer’s ID Number
1000B	N1	N104	Payee Identifier		Payee’s Tax ID Number
1000B	N3	N301	Payee Address Line		Street Address Line 1
1000B	N3	N302	Payee Address Line		Street Address Line 2
1000B	N4	N401	Payee City		City
1000B	N4	N402	Payee State		State
1000B	N4	N403	Payee Postal Zone or ZIP Code		Zip Code
1000B	REF	REF01	Reference Identification Qualifier	PQ	Payee Identification
1000B	REF	REF02	Additional Payee Identifier		The providers Preferred Provider Number assigned by RMAP This assignment is yet to be completed.

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format RMAP
2000	LX	LX01	Assigned Number	1	Assigned Line #
2100	CLP	CLP01	Patient Control Number		The patient control number will be provided if it was included as part of the claim. Otherwise a zero will be indicated
2100	CLP	CLP02	Claim Status Code	1 4	Paid as Primary Denied If a claim is paid 1 is indicated. If a claim is denied 4 is indicated
2100	CLP	CLP03	Total Claim Charge Amount		The Total Charged Amount for the claim.
2100	CLP	CLP04	Claim Payment Amount		The Total Paid Amount for the claim.
2100	CLP	CLP05	Patient Responsibility Amount	0	As RMAP has no patient share of cost, zero will be indicated
2100	CLP	CLP06	Claim Filing Indicator Code	MC	Medicaid HMO
2100	CLP	CLP07	Payer Claim Control Number		The 10-character Claim Reference Number (CRN) assigned by RMAP.
2100	CLP	CLP09	Claim Frequency Code		For Institutional Claims the frequency code received with the original claim will be included
2100	CAS	CAS01	Claim Adjustment Group Code	CO OA	Contractual Obligations Other Adjustments CAS Segments in the 2100 Loop appear when there is a difference between the Charged Amount and Paid Amount due to a pricing decision made at the claim rather than the service line level.
2100	CAS	CAS02	Adjustment Reason Code		A HIPAA Claim Adjustment Reason Code will be provided
2100	CAS	CAS03	Adjustment Amount		The amount of the difference between the Charged Amount and the Paid Amount.

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format RMAP
2100	CAS	CAS05	Adjustment Reason Code		If needed, the second Adjustment Reason Code
2100	CAS	CAS06	Adjustment Amount		If needed, the second Adjustment Amount
2100	CAS	CAS08	Adjustment Reason Code		If needed, the third Adjustment Reason Code
2100	CAS	CAS09	Adjustment Amount		If needed, the third Adjustment Amount
2100	CAS	CAS11	Adjustment Reason Code		If needed, the fourth Adjustment Reason Code
2100	CAS	CAS12	Adjustment Amount		If needed, the fourth Adjustment Amount
2100	CAS	CAS14	Adjustment Reason Code		If needed, the fifth Adjustment Reason Code
2100	CAS	CAS15	Adjustment Amount		If needed, the fifth Adjustment Amount
2100	CAS	CAS17	Adjustment Reason Code		If needed, the sixth Adjustment Reason Code
2100	CAS	CAS18	Adjustment Amount		If needed, the sixth Adjustment Amount
2100	NM1	NM101	Entity Identifier Code	QC	Patient
2100	NM1	NM102	Entity Type Qualifier	1	Person
2100	NM1	NM103	Patient Last Name		The patient's Last Name
2100	NM1	NM104	Patient First Name		The patient's First Name
2100	NM1	NM105	Patient Middle Name		If available, the patient's Middle Name or Middle Initial
2100	NM1	NM108	Identification Code Qualifier	MI	Member Identification Number
2100	NM1	NM109	Patient Identifier		Members A# (appears on RMAP Identification Card)

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format RMAP
2100	NM1	NM101	Entity Identifier Code	82	Rendering Provider
2100	NM1	NM102	Entity Type Qualifier	1 2	Person Non-Person Entity
2100	NM1	NM103	Rendering Provider Last or Organization Name		The last name of the provider or the organization name
2100	NM1	NM104	Rendering Provider First Name		If service provider is a person, service provider first name
2100	NM1	NM108	Identification Code Qualifier	FI	Federal Taxpayer Identification Number
2100	NM1	NM109	Rendering Provider Identifier		The Federal Taxpayer Identification Number of the rendering provider
2100	DTM	DTM01	Date Time Qualifier	232 233	Claim Statement Period Start Claim Statement Period End Claim level Service Begin and End Dates appear in this DTP Segment. Two separate segments are generated.
2100	DTM	DTM02	Claim Date		The Service Begin or End Date in CCYYMMDD format.
2100	DTM	DTM01	Date Time Qualifier	050	The date the claim was logged into the system
2100	DTM	DTM02	Claim Date		The date the claim was logged into the system
2100	QTY	QTY01	Quantity Qualifier	CA	Covered - Actual
2100	QTY	QTY02	Claim Supplemental Information Quantity		The number of covered days when applicable
2100	QTY	QTY01	Quantity Qualifier	NA	Non Covered Days
2100	QTY	QTY02	Claim Supplemental Information Quantity		The number of non covered days when applicable

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format RMAP
2110	SVC	SVC01-1	Product or Service ID Qualifier	HC NU	HCPCS Procedure and Supply Codes National Uniform Billing Committee (NUBC) Revenue Codes HCPCS Codes appear on professional and dental claims. On outpatient institutional claims, HCPCS Codes appear in this element and associated Revenue Codes in SVC04.
2110	SVC	SVC01-2	Procedure Code		The Procedure Code for the service line.
2110	SVC	SVC01-3	Procedure Modifier		If present, the first Modifier of HCPCS Codes.
2110	SVC	SVC01-4	Procedure Modifier		If present, the second Modifier of HCPCS Codes.
2110	SVC	SVC01-5	Procedure Modifier		If present, the third Modifier of HCPCS Codes.
2110	SVC	SVC01-6	Procedure Modifier		If present, the fourth Modifier of HCPCS Codes.
2110	SVC	SVC02	Line Item Charge Amount		The Charged Amount submitted for the service line.
2110	SVC	SVC03	Line Item Provider Payment Amount		The Amount Paid by RMAP for this service line.
2110	SVC	SVC04	National Uniform Billing Committee Revenue Code		For outpatient institutional claims, the Revenue Code submitted in association with the HCPCS Procedure Code.
2110	SVC	SVC05	Units of Service Paid Count		The number of Units of Service paid by DDD for this service line.
2110	SVC	SVC07	Original Units of Service Count		The Units of Service originally submitted by the provider.
2110	DTM	DTM01	Date Time Qualifier	472 151 152	If service start date and end date is the same day one segment will be provided with 472 If service start date is different from service end date two segments will be provided with 151 for start date and 152

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format RMAP
					for end date
2110	DTM	DTM02	Service Date		The date described by the above qualifier in CCYYMMDD format.
2110	CAS	CAS01	Claim Adjustment Group Code	CO OA	Contractual Obligations Other Adjustments Claim Adjustment CAS Segments in the 2100 Loop appear when there is a difference between the Charged Amount and Paid Amount due to a pricing decision made at the line level rather than at the claim level.
2110	CAS	CAS02	Adjustment Reason Code		A HIPAA Adjustment Reason Code will be provided
2110	CAS	CAS03	Adjustment Amount		The amount of the difference between the Charged Amount and the Paid Amount.
2110	CAS	CAS05	Adjustment Reason Code		If needed, the second service line Adjustment Reason Code
2110	CAS	CAS06	Adjustment Amount		If needed, the second service line Adjustment Amount
2110	CAS	CAS8	Adjustment Reason Code		If needed, the third service line Adjustment Reason Code
2110	CAS	CAS9	Adjustment Amount		If needed, the third service line Adjustment Amount
2110	CAS	CAS11	Adjustment Reason Code		If needed, the fourth service line Adjustment Reason Code
2110	CAS	CAS12	Adjustment Amount		If needed, the fourth service line Adjustment Amount
2110	CAS	CAS14	Adjustment Reason Code		If needed, the fifth service line Adjustment Reason Code
2110	CAS	CAS15	Adjustment Amount		If needed, the fifth service line Adjustment Amount
2110	CAS	CAS17	Adjustment Reason Code		If needed, the sixth service line Adjustment Reason Code

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format RMAP
2110	CAS	CAS18	Adjustment Amount		If needed, the sixth service line Adjustment Amount
2110	REF	REF01	Reference Identification Qualifier	6R	Provider Control Number
2110	REF	REF02	Provider Identifier		The submitting provider's Line Item Control Number This number is returned to the provider on 837 Transactions received and adjudicated by RMAP.
2110	REF	REF01	Reference Identification Qualifier	BB	Authorization Number
2110	REF	REF02	Provider Identifier		The authorization number for the service line will be provided, if available
2110	LQ	LQ01	Code List Qualifier Code	HE	Claim Payment Remark Codes
2110	LQ	LQ02	Remark Code		The LQ Remark Code Segment can occur up to 99 times. Remark Codes are translated from RMAP Reason and Edit/Result Codes
N/A	PLB	PLB01	Provider Identifier		N/A
N/A	PLB	PLB02	Fiscal Period Date	CCYY1231	N/A
N/A	PLB	PLB03-1	Adjustment Reason Code	WU	N/A
N/A	PLB	PLB04	Provider Adjustment Amount		
	SE	SE01	Transaction Segment Count		The number of segments included
	SE	SE02	Transaction Set Control Number		Must equal the value in ST02